

August 1994

# Clinical Center News

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## Course of study will focus on effective clinical research

The Clinical Center will become the proving ground for a course of study on how to effectively conduct clinical research.

Dr. John Gallin, CC director and NIH associate director for clinical research, heads the committee charged by Dr. Harold Varmus, NIH director, to develop a clinical research core curriculum.

"While some medical schools are beginning to establish formal training programs in clinical research," Dr. Gallin points out, "it's really been 'catch what you can

where you can catch it.' If you have a mentor who knows how to conduct clinical research, then you'll probably learn to do it the right way. If you don't have such a mentor, you may have problems."

The initial goal will be to train the 104 clinical associates who come to the Clinical Center annually. "When they leave, and most will leave, we will have, over time, seeded a significant percentage of the country with physicians who have experienced a good training program

*Continued on the back page*

## Fall survey will examine CC operations

Clinical Center operations will go under the microscope this fall during its triennial survey by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

The Joint Commission will announce its survey dates about six weeks before the survey occurs. This year, there are major shifts in the survey's focus, explains Dr. David K. Henderson, associate director for quality assurance and hospital epidemiology and coordinator of the survey process.

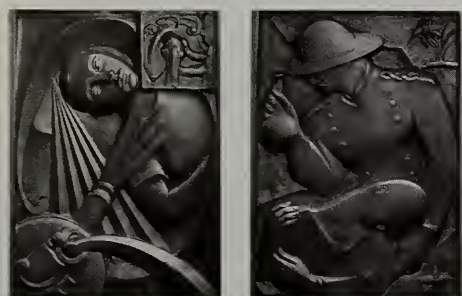
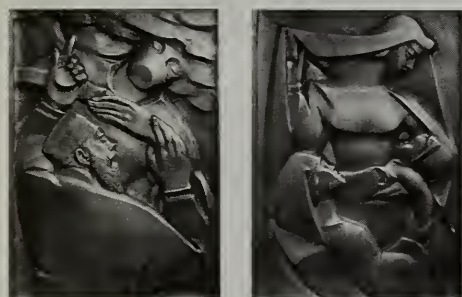
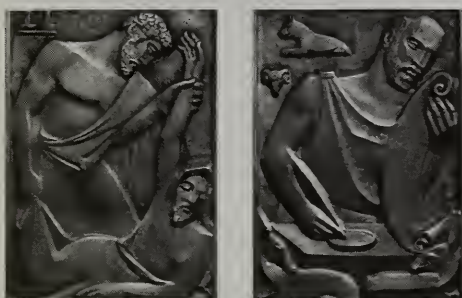
"Joint Commission surveyors will look at actual performance results throughout the Clinical Center instead of relying strictly on the

documentation of policies, procedures, and other activities."

The surveyors will also examine how different areas of the hospital work together rather than how each function is performed separately, Dr. Henderson adds. "That means that the Joint Commission surveyors will look for examples of how well policies and procedures are carried out across departmental boundaries. They'll look for evidence that our activities and functions are well-organized, effective, and well-documented."

The surveyors will also rely more on interviews with staff members as well as visits to patient-

*Continued on the back page*



### Elevator icons

They've been polished and pondered for more than 40 years. For their stories, turn to page 4.



## Test all phones before there's an emergency

Merlin phones are equipped with great service options, but did you know they require a power source in order to work?

One CC unit found this out when electrical power was shut off during a utility upgrade, points out Dr. Michele Evans, CC environmental safety officer. Unfortunately, the unit's red "emergency" phone didn't work either.

"The red phones don't need power to work, but can fail for other reasons," she explains. "It's a good idea to test your red phone frequently to make sure it works."

The easiest way to test is to call another number and ask that other party to call you back. For more information on the emergency phones, call CC building services at 496-2862.



### Visitors discuss programs

Visitors from a Japanese labor union met with Judith Williams (center), supervisor of the Social Work Department's AIDS counseling program, to discuss ways to implement volunteer AIDS education programs in their pharmaceutical company. With Williams are (from left) Hideki Sasaki, a pharmacist and union executive officer; Motoko Hayashi, a social worker who works with AIDS patients in the U.S. and Japan; Eita Kitayama, pharmacy union executive officer; and Tsuyoshi Kakefuda, NCI.

## cc factoids

### Survey has long history, broad reach

JCAHO. Joint Commission. They're terms CC employees will be hearing frequently over the next couple of months as the institution gears up for its once-every-three-years accreditation survey. But just what is it?

The Joint Commission on Accreditation of Healthcare Organizations—JCAHO—is a private, not-for-profit organization that evaluates and accredits more than 8,000 hospitals and health-care organizations each year. The Joint Commission's mission is to improve the quality of health care provided to the public. For more than 40 years the Joint Commission has served as a major national forum for establishing contemporary standards for health-care organizations. The Joint Commission evaluates how well a hospital carries out its work based on an established set of standards.

The commission is governed by a 26-member Board of Commissioners that includes six public members and an at-large nursing representative. The American College of Physicians, the American College of Surgeons, the American Dental Association, the American Hospital Association, and the American Medical Association also have representatives on the board.

The Joint Commission employs more than 500 physicians, nurses, health-care administrators, medical technologists, psychologists, respiratory therapists, pharmacists, medical equipment experts, and social workers to perform the surveys. Another 500 staffers are assigned to the organization's central office in Oakbrook Terrace, Ill. There's a small office in Washington.

*(Source: Joint Commission on Accreditation of Healthcare Organizations)*

## Clinical Center News

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Phone: (301) 496-2563. Fax: 402-2984.

CCNews is published monthly by the  
Office of Clinical Center  
Communications, Colleen Henrichsen,  
chief, for CC employees.

News, article ideas, calendar events,  
letters, and photographs are welcome.

**Deadline** for submission is the second  
Monday of each month. If possible,  
submit your article on a Macintosh  
disk (Microsoft Word preferred).



## No Grand Rounds

No Grand Rounds are scheduled for the Clinical Center this month because of renovations in Lipsett Amphitheater. They will resume in September.

## Register now for September classes

Call the education and training section, Office of Human Resources Management, at 496-1618 for details on these September courses:

•**QTRC Hosts Program.** This monthly seminar helps develop skills in managing quality improvement efforts and fosters knowledge of the QT process. Watch for a flier announcing the topic to be presented. Sept. 7, 8:30-9:30 a.m. in 2C116; Sept. 13, 3-4 p.m., in 2C310; and Sept. 20, 12:30-1:30 p.m., room 2C116.

•**Medical Terminology.** Participants will learn to pronounce, spell, and define medical terms through word analysis techniques. Sept. 13, 15, 20, 22, 27, 29, and Oct. 4 and 7, 9:30-11 a.m., room 1N248.

•**How to Make an Effective Presentation.** This class covers the basic steps in effective public speaking. Sept. 21, 8:30 a.m.-4:30 p.m., room 1N248.

•**Supervisory Discussion Program.** This lunch-time discussion program, topic to be announced, offers supervisors the opportunity to network, share information, exchange ideas, and discuss issues of interest and concern. Sept. 30, noon-1 p.m., room 2C310.

## Healthy volunteers needed for studies

Healthy women aged 18 and older are needed for a research study of an experimental vaccine for prevention of genital herpes. Needed are volunteers who do not themselves have genital herpes, but who are in a stable relationship with a partner

known to have the disease.

Both partners will be screened to confirm eligibility. Volunteers who are accepted and complete the trial will be paid \$250. For more confidential information, call 496-1836.

NIA's Laboratory of Neurosciences needs volunteers with a medical history of hypertension to participate in a research study. For details, call 496-4754.

## New publication offers product info

PHS has introduced a new publication, the *Directory of PHS Information Technology Accommodations for Persons with Disabilities*.

Access to office equipment and systems is mandatory and practical for persons with disabilities, explains Dr. Philip Lee, HHS assistant secretary for health. "PHS employees with disabilities use many commercially available accommodation products designed to assist them in their use of computers and other office equipment."

The directory identifies a

representative sample of these products, includes guidance on analyzing technology-related needs, and lists PHS staff who should be contacted for further information.

For a copy of the directory, write the Division of ADP and Telecommunications Management, Room 17-53, 5600 Fishers Lane, Rockville, Md. 20857.

## Smoking's out in government cars

Federal property management regulations do not permit smoking in buildings the federal government occupies. That policy also extends to all government-owned vehicles.

Both drivers and passengers, including government employees and contractors, are prohibited from smoking in NIH vehicles. Reminders are affixed inside each vehicle.

The smoking ban applies to motor pool sedans, trucks, and shuttle buses.

Violators of the policy will be fined and have to pay vehicle cleaning costs. For more information, call Dave Rhoads at 496-0158.

## f y i

## Dealing with difficult people

Consider these tactics when you have to cope with people who are difficult to deal with:

•**Go overboard with kindness.** Treat everyone well regardless of how people treat you. Be direct, likable, and polite.

•**Listen and respond.** Allow the difficult person to fully express his or her feelings. Then acknowledge your awareness of the situation, describe what you see and hear, reveal what you think and feel, and say what you want. Don't judge or generalize.

•**Don't take a position.** Deal with a need. Find out what motivates a person so you can offer alternative

ways of solving the problem. Chances are the difficult person confronting you has simply adopted the most obvious solution. Move from what the person wants to why the person wants it.

•**Accept blame.** You may have played some role in bringing about the behaviors others subject you to. Admit what your fault is quickly and emphatically. Whenever you shoulder your share of the blame, others are more likely to own up to theirs.

(From "What to Say to Get What You Want" by Sam Deep and Lyle Sussman, printed in communication briefings)



# Doors provide glimpses into history

*Cast in metal on the elevator doors in the Clinical Center's main lobby are eight plaques. They depict moments of medical history.*

*The scenes were designed by architect Vincent Glinsky of New York City and incorporated into the elevator doors when the Clinical Center opened in 1953.*

*They offer insight into what medical miracles were deemed significant three decades ago.*



Asclepiades was the first physician resident in Rome. He believed disease was caused by constriction, and health by relaxation. Here, he revives a dying man.



Hippocrates, called the Father of Medicine, is known for his anatomical studies of animals. Here, he writes his famous oath, dedicating his medical knowledge to all of mankind.



Marie Curie, a chemist, and her husband, Pierre, a physicist, were co-discoverers of radium. Here, Mme. Curie is at work in her lab.



Psychoanalysis was a diagnostic tool Dr. Sigmund Freud introduced for treating the mentally ill. Here, he literally pushes away the clouds from a patient's mind.





**Dr. Crawford Long** was the first to administer anesthesia to a patient undergoing surgery. He gave ether to a patient in Georgia in 1842. Here, an anesthetized patient has his pulse checked.



**Dorothea Dix** pioneered improved care for the mentally ill, was instrumental in establishing 32 modern hospitals for mental patients, and organized women nurses during the Civil War. Here, she teaches a student nurse how to care for a child.



**Wilhelm Konrad Roentgen** announced his discovery of the x-ray to the scientific world in 1896. Here, a patient is x-rayed.



**Major Walter Reed** discovered that a mosquito was the cause of yellow fever in the Panama Canal Zone. He headed an Army board sent to Cuba in 1900 to study yellow fever. Their findings made possible continuation of work on the canal.



## ***Class jump-starts the QT process for Clinical Center employees***

A rubber chicken flying through the air reinforces the QT vocabulary. Role-playing exercises teach team building and decision making, cornerstones of QT. Videos demonstrate how the concepts of QT and customer service can make a difference in any organization.

They're all part of the day-long class, *QT—YOU Make the Difference*. The program jump-starts the CC Quality Together concept for employees.

"The class is sponsored by the CORE Group," explains Rona Buchbinder, employee development specialist, Office of Human Resources Management. "CORE stands for Coordination, Operational Insight, Resource Assistance, and Education for Quality."

"Over the past three years, CORE has assumed responsibility for sustaining momentum of the CC total quality management initiative,"

explains Maureen Gormley, assistant hospital administrator. "The group's efforts have led to the establishment of a strong infrastructure for change."

The class serves as an orientation for new employees and as a refresher course for CC veterans. It offers an overview of what QT is all about, and how it fits into the Clinical Center's role as a service organization.

Consider the Rubik's Cube. A twist to line up the colors on one side of the cube throws the remaining three planes out of kilter. "That graphically illustrates how the action of one department affects other departments," Buchbinder says, "a concept from systems thinking also introduced in the class."

Each aspect of the course's content is equally as vivid. A beach ball, for example, is pressed into service to illustrate other foundations of the QT process—process

management and group decision making.

A team has to move the ball from point A to point B as quickly as possible, Buchbinder explains. That means that group members have to evaluate the best way to move the ball (process management) and agree to do it together (group decision making).

The class is not designed to make participants experts in all aspects of the QT process, Buchbinder points out. "We do want participants to have an idea of what QT is, why it works, how to take advantage of available resources, and how to begin to incorporate QT principles into daily work life."

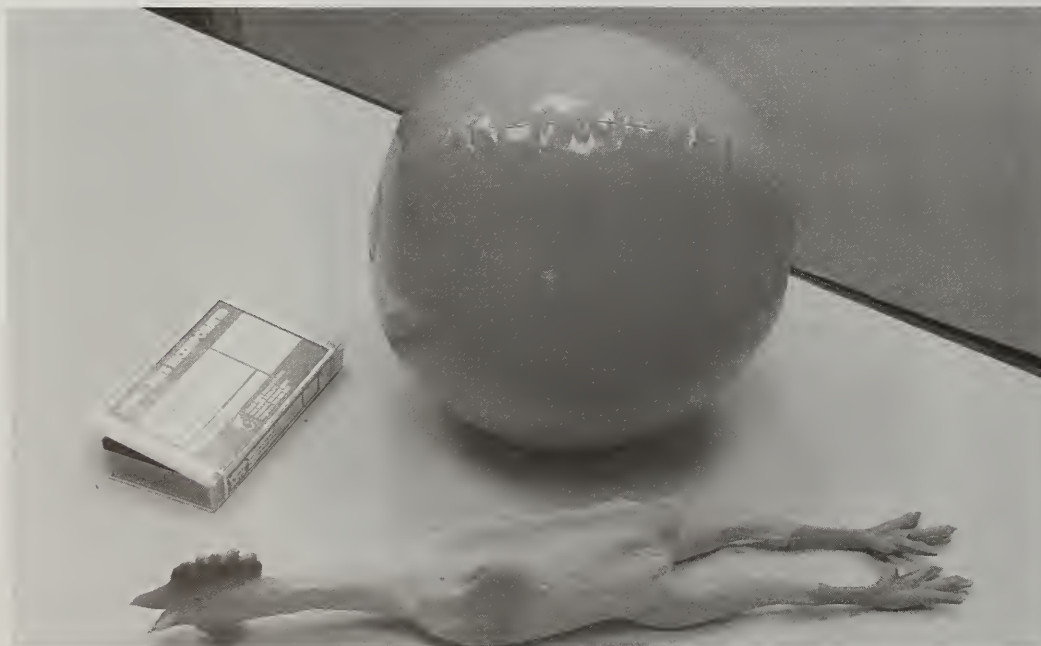
Caleb King was able to do that. He is an admissions assistant in the Outpatient Department. "One of the first things I did after the class was to informally sit down with some of the people in the Medical Record Department that I work with regularly," he explains. "I wanted to find out exactly what they do and why they do things the way they do. I took a great interest, and talked to them about concerns from my department's perspective." That simple step has enhanced an already good working relationship between the two departments.

And organizers want participants to have fun while learning.

Gladys Hines did. She attended the class last spring. "I enjoyed it," said the Medical Record Department file clerk. "With all the games it wasn't boring, and the information has helped."

A new series of classes will begin in September. For details on participating, call Buchbinder at 496-6219.

Team members who designed and present the class are Buchbinder; Gormley; Elaine Ayres, Nutrition Department; Dottie Cirelli and Laura Lee, Office of the Director; Charmaine Cummings, Lorena Gaskill, Deborah Gardner, and Diane Thompkins, Nursing Department; and John Harding, Occupational Medical Service.



A rubber chicken, beach ball, and videos are just a few of the teaching and learning tools used in the class *QT—YOU Make the Difference*. It offers a jump-start to the Quality Together process for new employees and CC veterans. A new series of classes will begin in September. Call Rona Buchbinder at 496-6219 for details.



# Program rewards creative thinking, good ideas

Victor Wright, diagnostic supervisor, Diagnostic Radiology Department, envisioned a special chair that would allow pediatric patients to be comfortably and properly positioned during an x-ray.

"Without the chair, parents have to try to hold the child needing x-rays," Wright explains. "It's uncomfortable and the children tend to squirm. That means we often have to shoot more than one film. The chair eliminates that."

Michael Nguyen proposed rerouting a busy doorway, making an adjacent waiting area more comfortable for patients and reducing heating and cooling requirements.

Nguyen, administrative assistant in the Diagnostic Radiology Department, explains: "It was terrible for the patients when the weather was cold." So bad that staff members often passed out blankets. Now there's no door to let in cold wind and rain. An existing entrance just around the corner has been enlarged.

These good ideas from CC employees became reality through the Employee Suggestion Program, a program designed to find and reward ideas for working better and smarter.

"It's important that government



employees creatively search out ways to improve operations and services," explains Tom Reed, Office of Human Resources Management director and CC suggestion program coordinator. "The Employee Suggestion Program provides a mechanism to accept such suggestions and, if adopted, a way to reward that commitment to working better and smarter."

To be eligible for consideration, an idea must simplify or improve operations; speed up production; improve working conditions, procedures, operating methods, or equipment; save materials or property; conserve personnel or

money; or show a tangible energy savings.

Conversely, suggestions aren't eligible for consideration if they, for example, call attention to the need for maintenance or repair work, relate to normal safety practices, or to stocking GSA supply store items.

"We urge employees to submit their suggestions through their supervisors who can help by initially evaluating the idea's practicality and soundness," Reed points out. "Employees may also submit the suggestion directly to our office."

The coordinator will verify that the suggestion meets the criteria for consideration and forward those eligible for evaluation. All the rules are spelled out in the HHS personnel manual, Reed explains.

Employees whose suggestions are recommended for adoption after thorough evaluation are eligible for a cash award based on demonstrated savings to the government and receive a certificate of appreciation.

Members of the Commissioned Corps may participate in a separate but similar program. For details on all aspects of the program, a part of the HHS Incentive Awards Program, call 496-6219.

## people

### *CC staffers earn NIH honors in summer ceremonies*

P.J. Maddox, deputy director of the Nursing Department, received an NIH Director's Award in this summer's annual NIH Honor Awards ceremony.

The award recognizes superior performance or special efforts significantly beyond the regular duty requirements, and directly related to fulfilling the NIH mission. Her award was presented by Dr. Ruth Kirschstein, NIH deputy director, "in recognition of exceptional initiative and leadership with impact on quality management, in coordinating and implementing the TQM customer

survey for the Clinical Center."

Two Nursing Department members received PHS Outstanding Service Medals. Capt. Gladys Campbell, chief of the heart, lung, and blood nursing service, was honored for her contributions to the research mission of the Public Health Service. Cdr. Carol Romano, director of clinical systems and quality improvement, was recognized for outstanding contributions in support of the advancement of women at NIH.

PHS Commendation Medals went to Capt. Alberta Bourn, Nutrition Department; Lcdr. Linda

Brophy, Cdr. John Tuskan, Lcdr. Laura Chisholm, Cdr. Nanette McAtee, Lcdr. Sheryl Meyers, and Lcdr. Diane Ruby, Nursing Department; Capt. Thomas Dorworth, Pharmacy Department; Cdr. Josephine Divel, Nuclear Medicine Department; and Cdr. Jeremiah King, Medical Record Department.

PHS Unit Commendations went to Lcdr. Shirley Bruce, Capt. Gladys Campbell, Cdr. Doris Clark, Capt. Jean Jenkins, Lcdr. Mary Kozma-Fornaro, Capt. Lori Maciag, Cdr. Carol Romano, and Cdr. Mary Tolbert, Nursing Department.



## *Training program will cover what's necessary to conduct clinical research*

Continued from page one

and who will in turn be able to set up their own programs in clinical research."

Some institutes, NEI and NCI for example, already offer some training in performing clinical research, Dr. Gallin points out, and there is a Foundation for Advanced Education in the Sciences course. Most of these programs focus on clinical trials, which is one area of clinical research. The scope of the CC's educational program will be broader.

"In the extramural community, clinical trials are the major kind of clinical research. In the intramural program, clinical trials make up a very tiny percentage of the protocols that are underway."

The training will likely be offered initially as an introductory course. "We will address issues such as defining clinical research, how to choose a question, biostatistics, and epidemiology," Dr. Gallin says. "We'll also cover study design, writing a protocol, patient monitoring, and quality assurance."

Other issues include monitoring, security and management of data, and legal and ethical principles including

## **"Information dissemination is an important issue..."**

protection of human subjects. Also discussed will be relations with the Food and Drug Administration, technology transfer, and information dissemination.

"Information dissemination is an important issue people sometimes don't consider," he adds. "The clinical researcher needs to know how to rapidly inform patients and physicians if there's a problem in a trial with a drug. How do you inform the world if you suddenly find out something really good? Suppose we have a cure for AIDS, how would we rapidly disseminate that? How do researchers deal with the media? Scientific misconduct? Our goal is that at the end of the course, the researcher will be able to write a good protocol, design a good trial, and have sensitivity to all these issues."

## **... Joint Commission survey slated for fall**

Continued from page one

care units to assure that the Clinical Center is "doing the right things right." In past surveys, each area within the Clinical Center was evaluated independently based primarily on how well policies and procedures were documented.

Surveyors this year will perform evaluations as a multidisciplinary team. Hospital-wide issues of safety, credentialing, governance, and infection control will continue to receive intense scrutiny.

The Clinical Center received high marks following its 1991 Joint

Commission survey. "We passed the review with no contingencies, something only about 6 percent of hospitals applying for accreditation achieve," says Dr. Henderson.

Members of the Clinical Center's JCAHO Preparation Work Group are coordinating with CC department heads and institute clinical directors to make sure all employees become familiar with the survey requirements. A practice survey is scheduled for mid-August.

For more information on the Joint Commission visit, contact Laura Lee at 496-8025.

## **Addresses change**

The NIH Office of Research Services has instituted a new mail addressing system that will expedite campus mail delivery.

The new ZIP+4 address format is similar to that used at private residences and by businesses around the country. NIH addresses will now include a street address, a mail service code, and a ZIP+4 code.

The new format will allow the postal service to process mail by machine, expediting delivery and enhancing processing accuracy. The system will also allow the NIH Mail Center to streamline mail-sorting operations, expediting mail delivery to NIH mail stops.

Begin giving out and using the new addresses immediately, officials say. Beginning in October, the NIH Mail Center will provide preferential processing to mail that is received with this new address format. Each area's new ZIP+4 address has been provided to individual mail stop contact persons. See them for a sample.

For more information, contact the NIH Mail Center customer services section, 496-4774, or Robert Franciscovich, CC mail manager, 496-3157.

## **CC named among best hospitals**

The Clinical Center garnered two spots in the 1994 America's Best Hospital Guide compiled by *U.S. News & World Report*.

The Clinical Center ranked as the 12th best endocrinology hospital in the nation, and as the 28th best rheumatology hospital.

This is the fourth year that the magazine has commissioned the survey, which is performed by the National Opinion Research Center.

The survey sample comprised 2,400 board-certified physicians in 16 specialty areas randomly selected from the American Medical Association database of members and non-members.